

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814



June 5, 1989

TO: All County Welfare Directors  
All County Administrative Officers

SUBJECT: ERRATA NOTICE LETTER NO. 89-16

This is to notify you that the Medi-Cal ID cards MC 300 and 302 format and schematic attachments to ACWDL 89-16 contained several errors. Enclosed is a complete replacement of those attachments.

We apologize for any inconvenience this may have caused.

Sincerely,

Original Signed by

FRANK S. MARTUCCI, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants  
MEDS Liaisons

Expiration Date: June 5, 1990

$$\begin{array}{ccc} \begin{array}{|c|} \hline 1 \\ \hline \end{array} & \begin{array}{|c|} \hline 2 \\ \hline \end{array} & \begin{array}{|c|} \hline 3 \\ \hline \end{array} \\ \hline \end{array}$$

22a

22	---	L	A	S	T	N	A	M	E		F	I	R	1	9
23	---	1	2	3	4	5	6	7	8	9	5	F		1	9
		2	0	1	8	9	M	5	4	N	0	0	4	R	1

  

24	25	26	27	28	29	30
----	----	----	----	----	----	----

(no share of cost)

22a

| 28 |

MC 300 SCHEMATIC EXPLANATION - NEW  
3/14/89

SCHEMA	LINE	COLUMNS	DESCRIPTION
1	1	2-14	VALID MO/YR OF CARD:
		2-7	'VALID:' FOR CURRENT MONTH CARDS
		2-7 or	'RETRO:' FOR HISTORY MONTH CARDS
		8	SPACE
		9-11	MONTH - ABBREVIATED TO THREE LETTERS
		12	SPACE
		13-14	YEAR - LAST TWO DIGITS OF YEAR
2	1	16-25	BENEFICIARY DATE OF BIRTH
		16-17	BIRTH MONTH - NUMERIC 01-12
		18	CONSTANT '/'
		19-20	BIRTH DAY - NUMERIC 01-31
		21	CONSTANT '/'
		22-25	BIRTH YEAR
3	1	27	BENEFICIARY SEX - M OR F
4	2	8-24	NUMBER TYPE - IN ORDER OF PREFERENCE
			1. SSA# - IF '2' IN MEDICARE INDICATOR
			2. HIC# - IF HIC NUMBER PRESENT
			3. BLANK
5	3	2-27	PILOT PROJECT NAME OR MESSAGE LINE
6	4	2-27	ADDITIONAL DATA LINE

MC 300 SCHEMATIC EXPLANATION - NEW  
3/14/89

7	5	2-25	BENEFICIARY COUNTY ID OR TITLE XVI ID
			COUNTY ID:
		2-3	COUNTY CODE
		4	CONSTANT '-'
		5-6	AID CODE
		7	CONSTANT '-'
		8-14	SERIAL NUMBER
		15	CONSTANT '-'
		16	FAMILY BUDGET UNIT (FBU) CODE
		17	CONSTANT '-'
		18-19	PERSON NUMBER
		20	SPACE
		21-22	CONSTANT '***'
		23	COUNTY ID CHECK DIGIT
		24-25	CONSTANT '***'
			TITLE XVI ID:
		2-3	COUNTY CODE
		4	CONSTANT '-'
		5-6	AID CODE
		7	CONSTANT '-'
		8	SDX INDICATOR
		9	CONSTANT '-'
		10-18	SOCIAL SECURITY NUMBER
		19-20	SPACE
		21-22	CONSTANT '***'
		23	COUNTY ID CHECK DIGIT
		24-25	CONSTANT '***'
8	6	2-27	BENEFICIARY NAME
9	7	2-27	FIRST ADDRESS LINE
10	8	2-27	SECOND ADDRESS LINE
11	9	2-27	CITY/STATE/ZIP
		2-21	CITY/STATE
		22	SPACE
		23-27	ZIP CODE
12	12	2-8	FOR STATE USE: SENSING MARK (READ/VERIFY LINE)
13	13	2-8	FOR STATE USE: SENSING MARK (FEEDER MARK)
14	14	2-8	FOR STATE USE: SENSING MARK (ZIP CODE CHANGE)
15	15	2-8	FOR STATE USE: SENSING MARK (DEMAND STUFFER)

MC 300 SCHEMATIC EXPLANATION - NEW  
3/14/89

16	14	11-21	BENEFICIARY LIABILITY IN ORDER OF PREFERENCE:
		11-14	1. CERT DATE PRESENT
		15	CONSTANT 'CERT'
		16-21	SPACE
			CERTIFICATION DATE - MMDDYY
			2. LIABILITY AMOUNT PRESENT (ZEROS
			QUAL FY AS AN AMOUNT)
		11-14	CONSTANT - 'SOC:'
		15-16	SPACES
		17-20	LIABILITY AMOUNT
			3. DIALYSIS PERCENT PRESENT
		11-17	CONSTANT - '%OBLIG:'
		18	SPACE
		19-20	PER CENT OF OBLIGATION
		21	CONSTANT - '%'
			IF NONE OF THESE APPLY, FIELD WILL BE BLANK
17	18	23-26	FOR STATE USE:
		23	HOURLY CID RECORD EDITED
		24-26	JULIAN DAY CID RECORD EDITED
18	2	27	MEDICARE STATUS
			NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT
			BLANK INDICATES NONENTITLEMENT
19	11	11-26	MEDS IDENTIFICATION NUMBER:
		11-16	CONSTANT - 'MEDSID'
		17	SPACE
		18-26	SOCIAL SECURITY NUMBER
20	12	16-24	COUNTY IDENTIFIER:
		16	CONSTANT - '*'
		17-19	DISTRICT OF REGISTRATION
		20	SPACE
		21-24	MEDS ELIGIBILITY WORKER CODE
21	14	23-27	BENEFICIARY'S OTHER COVERAGE:
		23-26	CONSTANT - 'O/C:'
		27	OTHER COVERAGE CODE
22	TAG1	29-40	BENEFICIARY NAME:
		29-36	LAST NAME
		37	SPACE
		38-40	FIRST NAME
22a	TAG1	41-42	COUNTY CODE
			FOR REDWOOD HEALTH FOUNDATION (HCP-500):
		41	BENEFICIARY SEX - M OR F
		42	COUNTY ID CHECK DIGIT

MC 300 SCHEMATIC EXPLANATION - NEW  
3/14/89

23	TAG2	29-42	BENEFICIARY ID:
		29-37	SOCIAL SECURITY NUMBER
		38	MEDS ID CHECK DIGIT
		39	SEX - M OR F
		40	SPACE
		41-42	AID CODE
			FOR REDWOOD HEALTH FOUNDATION (HCP-500):
		29-42	BENEFICIARY ID:
		29-30	COUNTY CODE
		31-32	AID CODE
		33-39	SERIAL NUMBER
		40	FAMILY BUDGET UNIT (FBU) CODE
		41-42	PERSON NUMBER
24	TAG3	29	MEDICARE STATUS
			NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT
			BLANK INDICATES NONENTITLEMENT
25	TAG3	30-33	VALID MONTH/YEAR OF CARD:
		30-31	MONTH - NUMERIC 01-12
		32-33	YEAR - LAST TWO DIGITS
26	TAG3	34	TYPE OF LABEL:
			FULL SERVICE CARD
			LINES 3 & 6 - 'M'
			LINES 9, 12, 15 - 'P'
			NON-FULL SERVICE CARD
			ALL LINES - 'P'
27	TAG3	35-36	BENEFICIARY YEAR OF BIRTH
			LAST TWO DIGITS OF YEAR
28	TAG3	37	BENEFICIARY'S OTHER COVERAGE
29	TAG3	38-40	PILOT PROJECT OR HEALTH CARE PLAN NUMBER
30	TAG3	41-42	LIMITED OR RESTRICTED SERVICES CODE

MC 302 FORMAT - NEW  
4/21/89  
(certified share of cost)

11 12 13  
| | |

```
-----+-----
| 2*LAST--NAME FIR |2*LAST--NAME FIR| MEDI-CAL IDENTIFICATION CARD | | |
| 5699266321*19 34 |5699266321*19 34| | | |
| R0389MEDI *54M4 |R0389MEDI *54M4| FIRSTNAME LASTNAME | VALID MAR,1989---|4|
| A*R1004CRT031589 |A*R1004CRT031589| RECIPIENT ID 569-92-6632 DOB 07-08-1978---|5|
| 2*LAST--NAME FIR |2*LAST--NAME FIR| COUNTY ID 19-34-1234567-3-12 SEX M---|6|
| | | | \-----|7|
| 5699266321*19 34 |5699266321*19 34| MEDICARE ID 123456789ABC OTHER COVERAGE A---|8|
| | | | \-----|9|
| R0389POE *54M4 |R0389POE *54M4| CERTIFICATION DATE 03/15/89 DISTRICT 001---|10|
| | | | \-----|11|
| A*R1004CRT031589 |A*R1004CRT031589| CASEWORKER 0009---|12|
| 2*LAST--NAME FIR |2*LAST--NAME FIR| ***** |
| 5699266321*19 34 |5699266321*19 34| ** ** |
| R0389POE *54M4 |R0389POE *54M4| ** PEAK HEALTH PLAN (S.D.) ** |
| A*R1004CRT031589 |A*R1004CRT031589| ** FOR DENTAL SERVICES ONLY -----|13|
| 2*LAST--NAME FIR |2*LAST--NAME FIR| ** ** |
| 5699266321*19 34 |5699266321*19 34| ** ** |
| R0389POE *54M4 |R0389POE *54M4| ***** |
| A*R1004CRT031589 |A*R1004CRT031589| 2N0588344092636 |
-----+-----
```

14  
14

```
15 16 17
| | |
| | |
| | |
| | |
-----+-----
| 2|*|L|A|S|I|T|I|N|A|M|E|F|I|R| | | |
| | | | |
| 5|6|9|9|2|6|6|3|2|1|*|1|9| |3|4| |
| | | | \ / \ / |
| | | | | | |
|18|-----| | | |
|19|-----| | | |
|20|-----| | | |
|21|-----| | | |
| | | | |
| R |0|3|8|9|M|E|D|I| |*|7|8|M|4| |
| | | | \ / | |
| | | | | | |
|22|----| | | |
|23|-----| | | |
|24|-----| | | |
|25|-----| | | |
|26|-----| | | |
|27|-----| | | |
| | | | |
| |A|*|R|I|0|0|4|C|R|I|0|3|1|5|8|9| |
|28|----| \ / | | |
|29|-----| | | |
|30|-----| | | |
|31|-----| | | |
```

## MC 302 SCHEMATIC EXPLANATION - NEW

4/21/89

SCHEMA	LINE	DESCRIPTION
1	3	RECIPIENT FIRST NAME
2	3	RECIPIENT LAST NAME
3	4	MEDS IDENTIFICATION NUMBER; CONSTANT 'RECIPIENT ID' SOCIAL SECURITY NUMBER OR PSEUDO SOCIAL SECURITY NUMBER
4	3	VALID MO/YR OF CARD; 'VALID' FOR CURRENT MONTH CARDS SPACES MONTH - ABBREVIATED TO THREE LETTERS CONSTANT ',' YEAR
5	4	RECIPIENT DATE OF BIRTH CONSTANT 'DOB' SPACE BIRTH MONTH - NUMERIC 01-12 CONSTANT '--' BIRTH DAY - NUMERIC 01-31 CONSTANT '--' BIRTH YEAR - NUMERIC, FOUR DIGITS
6	5	RECIPIENT SEX - M OR F
7	5	RECIPIENT COUNTY ID OR TITLE XVI ID COUNTY ID; COUNTY CODE CONSTANT '--' AID CODE CONSTANT '--' SERIAL NUMBER CONSTANT '--' FAMILY BUDGET UNIT (FBU) CODE CONSTANT '--' PERSON NUMBER
8	6	RECIPIENT'S OTHER HEALTH INSURANCE COVERAGE; CONSTANT - 'OTHER COVERAGE' SPACE OTHER COVERAGE CODE

MC 302 SCHEMATIC EXPLANATION - NEW

4/21/89

9	7	<p>LITERAL - 'SSA#'</p> <p>SPACE</p> <p>SOCIAL SECURITY NUMBER</p> <p>IF MEDICARE ENTITLED:</p> <p>LITERAL - 'MEDICARE ID'</p> <p>SPACE</p> <p>BENEFICIARY NUMBER IN ORDER OF PREFERENCE:</p> <p>1. MEDICARE# - IF '2' IN MEDICARE INDICATOR</p> <p>2. HIC# - IF HIC NUMBER PRESENT</p> <p>IF PSEUDO-SOCIAL SECURITY NUMBER,</p> <p>BLANK</p>
10	8	<p>DISTRICT IDENTIFIER:</p> <p>CONSTANT - 'DISTRICT'</p> <p>SPACE</p> <p>DISTRICT OF REGISTRATION</p>
11	7	<p>SHARE OF COST CERTIFICATION DATE (OPTIONAL)</p> <p>CONSTANT - 'CERTIFICATION DATE'</p> <p>SPACE</p> <p>MONTH - NUMERIC 01-12</p> <p>CONSTANT '/'</p> <p>DAY - NUMERIC 01-31</p> <p>CONSTANT '/'</p> <p>YEAR - NUMERIC, LAST TWO DIGITS</p>
12	8	<p>WORKER IDENTIFIER:</p> <p>CONSTANT - 'CASEWORKER'</p> <p>SPACE</p> <p>CASE WORKER NUMBER</p>
13	10-14	<p>MESSAGE AREA</p> <p>PILOT PROJECT OR HEALTH CARE PLAN NAME, IF APPLICABLE</p> <p>-OR-</p> <p>LIMITED SERVICES MESSAGE, IF APPLICABLE</p>
14	16	<p>MEDS IMMEDIATE NEED CARD CONTROL NUMBER</p>
15	TAG1	<p>MEDICARE STATUS</p> <p>NUMERIC VALUE INDICATES MEDICARE ENTITLEMENT</p> <p>BLANK INDICATES NONENTITLEMENT</p>
16	TAG1	<p>RECIPIENT LAST NAME</p>
17	TAG1	<p>RECIPIENT FIRST NAME</p>

## MC 302 SCHEMATIC EXPLANATION - NEW

4/21/89

18	TAG2	MEDS IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER	\ REDWOOD HEALTH   FOUNDATION (HCP-500),   COUNTY CODE
19	TAG2	MEDS IDENTIFICATION NUMBER CHECK DIGIT	AID CODE   CONSTANT - ' - '
20	TAG2	RECIPIENT COUNTY CODE	SERIAL #   CONSTANT - ' - '
21	TAG2	RECIPIENT AID CODE	FBU / PERSON #
22	TAG3	RETROACTIVE LITERAL IF RETROACTIVE MEDI-CAL - 'R' OTHERWISE - BLANK	
23	TAG3	VALID MONTH/YEAR OF CARD: MONTH - NUMERIC 01-12 YEAR - LAST TWO DIGITS	
24	TAG3	TYPE OF LABEL: 2 LABELS - 'MEDI' 6 LABELS - 'POE '	
25	TAG3	RECIPIENT YEAR OF BIRTH LAST TWO DIGITS OF YEAR	
26	TAG3	RECIPIENT SEX CODE - M OR F	
27	TAG3	COUNTY ID CHECK DIGIT	
28	TAG3	RECIPIENT OTHER COVERAGE CODE	
29	TAG3	LIMITED OR RESTRICTED SERVICES CODE	
30	TAG3	PILOT PROJECT OR HEALTH CARE PLAN NUMBER	
31	TAG3	SHARE OF COST CERTIFICATION DATE CONSTANT 'CRT' MONTH - NUMERIC 01-12 DAY - NUMERIC 01-31 YEAR - NUMERIC, LAST TWO DIGITS	